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Box 1450 Peter Hruskoci **Examiner Name** Alexandria, VA 22313-1450 Attorney Docket Number | 19353/9 Please change the Correspondence Address for the above-identified patent application to: 71130 X The address associated with **Customer Number:** OR Firm or Individual Name Address City State Zip Country **Email** Telephone This form cannot be used to change the data associated with a Customer Number. To change the

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\Box	A
1 1	Assignee of record

Applicant/Inventor

Assignee of record of the entire interest.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

Attorney or agent of record. Registration Number 39,023.

Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number

Signature

Typed or Printed John C. Serio Name

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Date May 29, 2007

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NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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